

WEMMH/SB/21 (4/03)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/549,995
Filing Date	October 27, 2005
First Named Inventor	Ronald F. WILSON
Group Art Unit	2886
Examiner Name	Tara S. Pajoohi
Attorney Docket Number	8328-3

Total Number of Pages in this Submission

76

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, and Correspondence Address Form	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 month	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449; 4 refs.	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

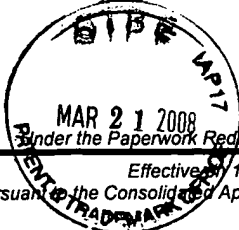
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	March 19, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: March 19, 2008

Name (Print/Type)	James M. Durlacher		
Signature	<i>James M. Durlacher</i>	Date	March 19, 2008

8328-3:JMD:#619198:ss



Effective 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Complete if Known

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☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**300.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	310	155	510	255	210	105	0
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity
50	25
210	105
370	185

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
37	-38	=0	x50	=0	x

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3	=0	x210

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	x	

4. OTHER FEE(S)

Fee for 1 month ext. of time/large entity

Fee for filing IDS after 1st Office Action

Fee Paid (\$)
\$120
\$180

SUBMITTED BY

Signature	<u>James M. Durlacher</u>	Registration No. (Attorney/Agent)	28,840	Telephone	(317) 634-3456
Name (Print/Type)	James M. Durlacher	Date	March 19, 2008		

CERTIFICATE OF MAILING OR TRANSMISSION

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